

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235659	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Riverview Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7733 E Jefferson Detroit, MI 48214	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39465</p> <p>This citation pertains to intake MI00140641 and MI00139226.</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate ADL (Activities of Daily Living) care for one resident (R41) of six residents reviewed for ADLs, resulting in debris-filled and odorous feet.</p> <p>Findings Include:</p> <p>On 5/14/2024 at 2:40 p.m., R41 was observed lying in bed alert unable to be interviewed. R41's feet were observed with yellowish thick dry debris between all toes with an odor. Unit Manager/Licensed Practical Nurse UM/LPN D agreed R41's feet had an unpleasant odor. UM/LPN D said it shouldn't have been that much of debris between the resident's toes especially if routine showers was completed.</p> <p>According to the electronic medical record, R41 was initially admitted into the facility on [DATE] with diagnoses of acute respiratory failure, gastrostomy status, tracheostomy status, obesity, neuromuscular dysfunction of bladder, and hypertension. R41's annual Minimum Data Set (MDS) with a reference date of 2/17/2024 revealed no BIMS (brief interview for mental status) score. Further review of the medical record revealed R41 was unable to make needs known.</p> <p>Review of the 3/4/2021 ADLs care plan revealed, R41 need total one-two person assist with ADLs and mobility related to cognition due to respiratory failure, vent dependent and a trach. Staff must anticipate my needs.</p> <p>Interventions as follows:</p> <p>-Provide daily am and pm care total assist.</p> <p>On 5/17/2024 at 2:25 p.m. the Director of Nursing (DON) was informed of the odor and the yellowish thick dry debris between R41's toes. The DON said, R41 feet should not have had an odor and dry skin between the toes.</p> <p>According to the facility's undated ADL Care policy: Resident will receive ADL care per their Personalized care plan. Each resident is designated to have at least two showers per week. On non-shower days, resident will receive AM and HS (bedtime) care, apply moisture barrier cream or lotion to skin to decrease dryness.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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